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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

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TO: Examiner Jesse A. Fenty
Serial No. 09/511,620

DATE: March 19, 2003

FAX # 703 746-3892

FROM: Sterlon Mason

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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MESSAGE:

Please find attached the Response to Final Office Action in the above-identified application.

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FORM PTO-1083

81790.0214

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tomomi MOMOHARA

Serial No: 09/511,620

Filed: February 23, 2000

For: SEMICONDUCTOR INTEGRATED CIRCUIT DEVICE
HAVING A PLURALITY OF WELLS, TEST METHOD OF
TESTING THE SEMICONDUCTOR INTEGRATED
CIRCUIT DEVICE, AND TEST DEVICE WHICH
EXECUTES THE TEST METHOD

Art Unit: 2815

Examiner: J. Fenty

I hereby certify that this correspondence is
being facsimile transmitted to the United
States Patent and Trademark Office, Fax No.
703 746-3892 on March 19, 2003.

Sterling R. Mason Reg. No. 41,179

Name

March 19, 2003

Signature

Date

Assistant Commissioner for Patents
Washington, D.C. 20231

Attention: Box AF

Dear Sir:

Transmitted herewith is a Response to Final Office Action in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	30	-	30 **	0	LG=\$18 SM=\$9 [FEE]	\$ 0
INDEPENDENT CLAIMS FEE	5	-	7 ***	0	LG=\$84 SM=\$42 [FEE]	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

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☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: March 19, 2003

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TT06801790.00214

By: 

Sterlon R. Mason
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Attorney for Applicant(s)

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